


Planning the Program: Eligibility and Selecting Sites





This training is part of a series of online trainings designed for experienced sponsors of the Summer Food Service Program in Kentucky. Sponsors who choose to receive their training via the online modules are responsible for adhering to the information presented in this training. Please address all questions to the State Agency.

SFSP Materials

The Summer Food Service Program
Summer Food Rocks!

2015 Administrative Guidance for
Sponsors



United States Department of Agriculture
Food and Nutrition Service

Planning the Program

Eligibility and Selecting Sites

Site Eligibility



What is a Site?

A Site is a physical location, approved by the State Agency, where you serve SFSP meals during an approved meal service time. Sites may be located in a variety of settings.

Who is Eligible to Participate?

Children and youth 18 years old and younger and persons 18-21 who are determined by a State or local educational agency to have mental or physical disabilities and who still participate in an educational program during the regular school year.

Site Types

- Open
- Closed Enrolled
- Migrant
- Residential Camp/Upward Bound

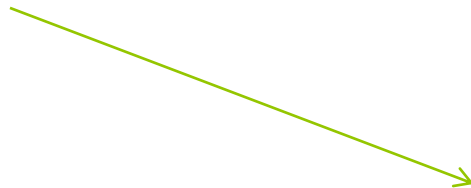
Open Sites

Open sites serve children in geographic areas where 50% or more of the local children are eligible for free or reduced price school meals.

- Two primary methods are used to qualify sites:

1. School Data

- ✓ School Data can be obtained on the KDE/SCN website at



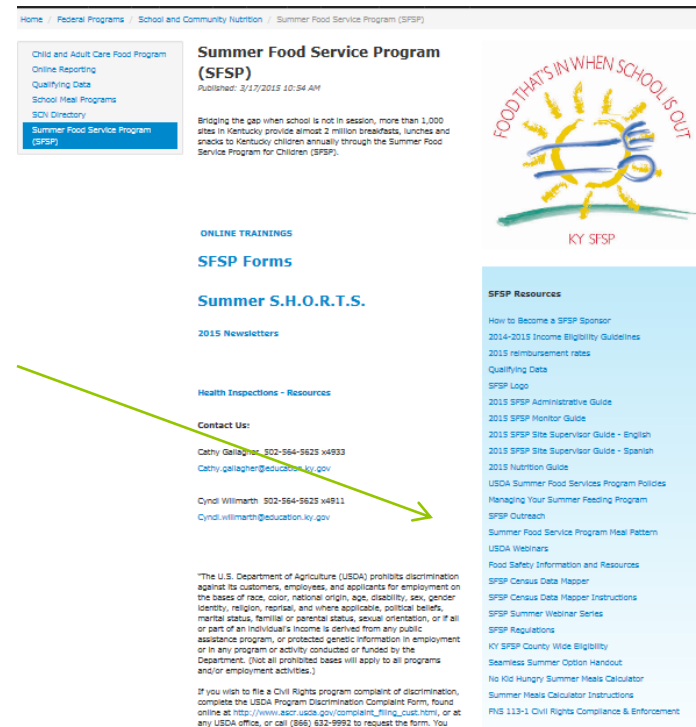
Data from any school that serves the site area can be used.

- ✓ School data is good for 5 years

- The other method used to qualify sites:

1. Census Data

The Census Data Link along with Instructions can also be obtained on the KDE/SCN website at



Home Federal Programs School and Community Nutrition Summer Food Service Program (SFSP)

Summer Food Service Program (SFSP)
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Child and Adult Care Food Program
Online Reporting
Qualifying Data
School Meal Programs
SCN Directory
Summer Food Service Program (SFSP)

Bridging the gap when school is not in session, more than 1,000 sites in Kentucky provide almost 2 million breakfasts, lunches and snacks to Kentucky children annually through the Summer Food Service Program for Children (SFSP).

ONLINE TRAININGS
SFSP Forms
Summer S.H.O.R.T.S.
2015 Newsletters
Health Inspections - Resources
Contact Us:
Cathy Gellison 800-564-5625 x4933
Cathy.gellison@education.ky.gov
Cyndi Wilmarth 800-564-5625 x4911
Cyndi.wilmarth@education.ky.gov

FOOD THAT'S IN WHEN SCHOOL IS OUT
KY SFSP

SFSP Resources
How to Become a SFSP Sponsor
2014-2015 Income Eligibility Guidelines
2015 reimbursement rates
Qualifying Data
SFSP Logo
2015 SFSP Administrative Guide
2015 SFSP Monitor Guide
2015 SFSP Site Supervisor Guide - English
2015 SFSP Site Supervisor Guide - Spanish
2015 Nutrition Guide
USDA Summer Food Service Program Policies
Managing Your Summer Feeding Program
SFSP Outreach
Summer Food Service Program Meal Pattern
USDA Webinars
Food Safety Information and Resources
SFSP Census Data Mapper
SFSP Census Data Mapper Instructions
SFSP Summer Webinar Series
SFSP Regulations
KY SFSP County Wide Eligibility
Seamless Summer Option Vendor
No Kid Hungry Summer Meals Calculator
Summer Meals Calculator Instructions
PHS 113-1 Civil Rights Compliance & Enforcement

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Census data is also good for 5 years

Quiz?

True or False: At an open site, any child who comes to the site receives a meal free of charge, regardless of where they live.

TRUE: Children who come to eat at an open site are never asked to verify where they live or show proof of family income to receive a free meal.

Closed Enrolled Sites

Enrolled sites serve groups of children who are **enrolled** and provided enrichment activities on a daily basis.

2 ways to qualify an enrolled site:

- **School Qualifying or Census Data OR**
- **Free/Reduced Status of the Children**
 - If site is not located in an area that is automatically eligible, it can still qualify if 50% of those children enrolled have income documentation showing that they qualify for free or reduced priced meals

Income Documentation for Closed Enrolled Sites

If a closed enrolled site is not located in an area that meets the 50% threshold:

-Income Applications/Enrollment Lists

Collect income applications and enrollment figures for each enrolled site. An income application is on our SFSP KY Website

Use current income eligibility guidelines

-School District Documentation

It is permissible to obtain the status of children from the school district(s) they attend. Email the State Agency if you wish to obtain school data.

Quiz

True or False? At a closed enrolled site, all meals can be claimed for reimbursement, as long as at least 50% of the participants qualify for free or reduced priced meals?

True! Sponsors are required to keep qualification documentation of participants, ensuring that at least 50% of the participants enrolled qualify.

Open Migrant Sites

- **Open Migrant sites can also participate in the SFSP.**
 - ✓ To confirm migrant status, sponsors must submit information obtained from a migrant organization certifying that site serves children of migrant farm worker families to document its eligibility.
 - ✓ If the site also serves non-migrant children, the sponsor must certify that the site predominantly serves migrant children.
- **Sponsors may be reimbursed for up to 3 meals/day at approved migrant sites.**

Quiz

- **True or False:** A migrant site must qualify by school or census data, as well as be designated “migrant” in order to be considered a migrant site.

FALSE: A migrant site only needs to have a letter from a migrant authority in order to be considered a migrant site!

Residential Camp and Upward Bound

- Residential Camps/Upward Bound Sites receive reimbursement ONLY for meals served to children who have been determined to be eligible for free and reduced price meals, based upon income applications or documentation received from a school.
- Upward Bound Income Documentation May Be Used in Lieu of SFSP Income Application.
- Camps and Upward Bound May Claim up to Three Meals Per Qualified Participant Per Day.

Income Applications

- Residential Camps will need to collect income applications to determine which participants are qualified for free or reduced priced meals.
- Income Guidelines, found on our website, are used to determine when family income is used to determine eligibility.

**INCOME ELIGIBILITY FORM
FOR THE
SUMMER FOOD SERVICE PROGRAM
(For Use by Camps and Closed Enrolled Sites)**

Please complete the following form using the instructions below. Sign the form and return it to: [Name of Sponsor]

If you need help, call [phone number of sponsor] _____

Follow these instructions. If your household gets SNAP (Food Stamp), TANF or FDIPIR:

- Part 1: List participant's name and a SNAP (Food Stamp), TANF or FDIPIR case number.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Sign the form. A Social Security Number is NOT required.
Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions:

- Part 1: Enter the child's name.
Part 2: Please contact us at [phone number of sponsor] _____
Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP (Food Stamp), TANF or FDIPIR case number in Part 1.
Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.
Part 5: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: List each participant's name.
Part 2: Skip this part.
Part 3: Follow these instructions to report total household income from last month.
Column A—Name: List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.
Column B—Gross Income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.
In box 1, list the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
In box 2, list the amount each person got last month from welfare, child support, alimony.
In box 3, list Social Security, pensions, and retirement.
In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.
Column C—Check if no income: If the person does not have any income, check the box.
Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.
Part 5: Answer this question if you choose to.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request a form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities, may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last)	SNAP (Food Stamp), TANF or FDIPIR case # (if any). Skip to Part 4 if you listed a case #.

Part 2. Foster Child

Foster children eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please contact [name of sponsor] at [phone number]. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP (Food Stamp), TANF or FDIPIR case number in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children)		B. Gross Income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				C. Check if NO Income
		1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
1.		\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
2.		\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
3.		\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
4.		\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
5.		\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
6.		\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
7.		\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
8.		\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
9.		\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
10.		\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
11.		\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>
12.		\$____/____	\$____/____	\$____/____	\$____/____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that this information is being given for the receipt of Federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of Social Security Number: _____ ☐ I do not have a Social Security Number

Part 5. Participant's ethnic and racial identities (optional)

Part 4: Ethnicity and Race (Mark one or more racial identities)		
Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year

Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free, Reduced, Denied

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Automatically Eligible

- ◉ **SNAP or TANF**

- ◉ Participants who receive SNAP or TANF benefits are automatically classified as “free.”

- ◉ **Foster Children**

- ◉ Foster children or children in legal kinship care children are automatically classified as “free.”

Remember:

In order for a free/reduced income application to be valid, it must

- Include the eligibility determination, be dated, and signed by the determining official.
- Be complete! **All** require an adult signature and date. The adult's last four digits of the SS# or a designation that they do not have one must be made for income applications that are determined based on income.

Quiz

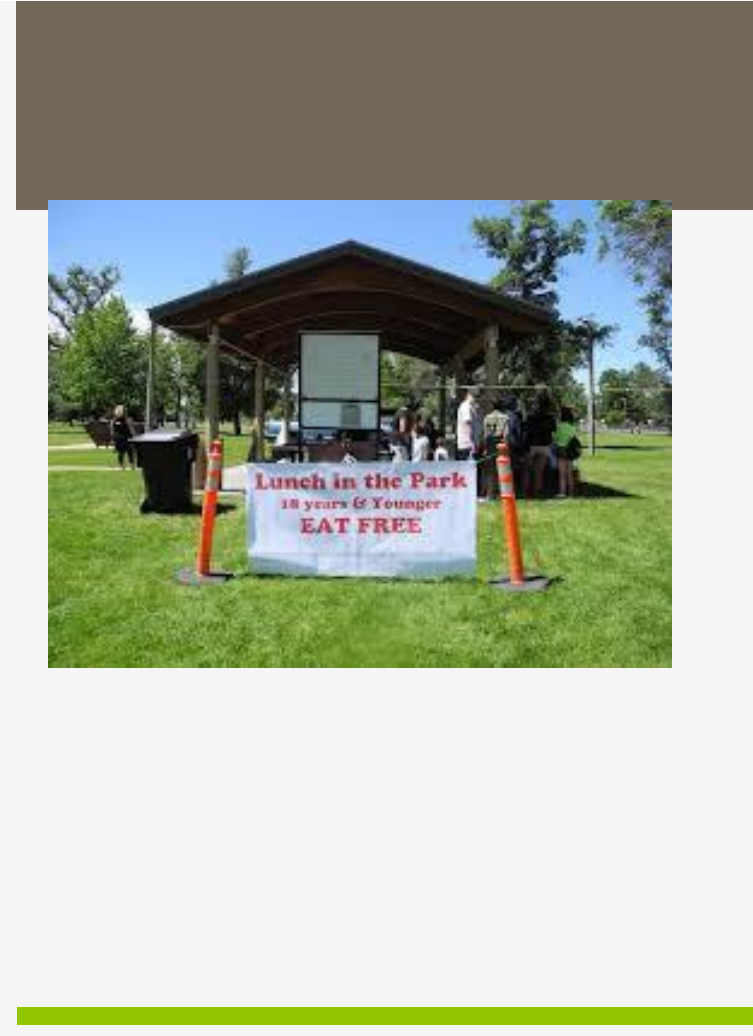
- **True or False:** Eligibility for Residential Camps and Upward Bound sites can be determined by either area eligibility or census data.

FALSE: Residential Camps and Upward Bound sponsors are not site eligible. These programs receive reimbursement only for meals served to income eligible participants .

Planning the Program

Eligibility and Selecting Sites

Evaluating
and Selecting
Sites



What makes a good site?

Appropriate
Facilities/Places to
Eat



Has Activities!



Healthy and Safe



Adequate Size for
Number of Participants



Where can a Site Be Located?





Sites That Offer
Educational, Enrichment,
and Recreational
Activities Are Strongly
Preferred!



**BOYS & GIRLS
CLUB**



Remember

- Be creative when looking for sites. Partner with various organizations, groups, and community members as you look for the best places in eligible areas, to reach the most children!

- Sites can be almost anywhere as long as they are eligible, and can safely accommodate a group of children eating in a congregate setting.

- Mobile Routes are getting increasingly popular as more sponsors are addressing the need to get nutritious food out to children who cannot get to the sites because of transportation or safety concerns.


(We will have an online training specifically dedicated to mobile meal sites. Stay Tuned!)



Quiz

- **True or False:** In the Summer Food Service Program, it is permissible for children to eat their food on a blanket spread out on the ground.

True! As long as the site meets all eligibility requirements, and is properly supervised, children are free to sit at tables, or on the ground, picnic style!



Please contact School and
Community Nutrition if you have
any questions regarding this
online training or any questions
regarding Site Eligibility or
Selecting Sites.

502-564-5625